

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

Page 1 of 2

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular	✓	✓	3	6 / 28 / 2019		Basil Food Service	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint				7:00 AM	9:45 AM	Basil Food Industrial Services Corp	
Investigation				SANITARY PERMIT NO.		LOCATION (Address)	
Other:			A	190000896		Lot 1454-1-2-New 239-7-1 West O'Brien Drive, Hagatna	
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations		RISK CATEGORY
Catering			8	475-8888	0		4
					No. of Repeat Risk Factor/Intervention Violations		
					0		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle or mark "X" designated compliance (IN, OUT, N/A, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/A = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS	Compliance Status			COS	R	PTS
Supervision											
1	<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			6						
Employee Health											
2	<input checked="" type="checkbox"/> OUT	Management awareness; policy present			6						
3	<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion			6						
Good Hygienic Practices											
4	<input checked="" type="checkbox"/> OUT N/A N/A	Proper eating, tasting, drinking, betelnut, or tobacco use			6						
5	<input checked="" type="checkbox"/> OUT N/A N/A	No discharge from eyes, nose, and mouth			6						
Preventing Contamination by Hands											
6	<input checked="" type="checkbox"/> OUT N/A N/A	Hands clean and properly washed			6						
7	<input checked="" type="checkbox"/> OUT N/A N/A	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6						
8	<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			6						
Approved Source											
9	<input checked="" type="checkbox"/> OUT	Food obtained from approved source			6						
10	IN OUT N/A <input checked="" type="checkbox"/>	Food received at proper temperature			6						
11	<input checked="" type="checkbox"/> OUT	Food in good condition, safe, and unadulterated			6						
12	IN OUT <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			6						
Protection from Contamination											
13	<input checked="" type="checkbox"/> OUT N/A	Food separated and protected			6						
14	<input checked="" type="checkbox"/> OUT N/A	Food contact surfaces: cleaned & sanitized			6						
15	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6						
Potentially Hazardous Food (TCS Food)											
16	<input checked="" type="checkbox"/> OUT N/A N/A	Proper cooking time and temperatures			6						
17	IN OUT N/A <input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			6						
18	IN OUT N/A <input checked="" type="checkbox"/>	Proper cooling time and temperature			6						
19	<input checked="" type="checkbox"/> OUT N/A N/A	Proper hot holding temperatures			6						
20	IN OUT <input checked="" type="checkbox"/>	Proper cold holding temperatures			6						
21	<input checked="" type="checkbox"/> OUT N/A N/A	Proper date marking and disposition			6						
Consumer Advisory											
22	IN OUT <input checked="" type="checkbox"/>	Consumer Advisory provided for raw or undercooked foods			6						
Highly Susceptible Populations											
23	<input checked="" type="checkbox"/> OUT N/A	Pasteurized Foods used; prohibited foods not offered			6						
Chemical											
24	IN OUT <input checked="" type="checkbox"/>	Food additives: approved and properly used			6						
25	<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored, used			6						
Conformance with Approved Procedures											
26	<input checked="" type="checkbox"/> OUT N/A	Compliance with variance, specialized process, and HACCP plan			6						

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box. If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS	Compliance Status			COS	R	PTS
Safe Food and Water											
27		Pasteurized eggs used where required			1						
28		Water and ice from approved source			2						
29		Variance obtained for specialized processing methods			1						
Food Temperature Control											
30		Proper cooling methods used; adequate equipment for temperature control			1						
31		Plant food properly cooked for hot holding			1						
32		Approved thawing methods used			1						
33		Thermometer provided and accurate			1						
Food Identification											
34		Food properly labeled; original container			1						
Prevention of Food Contamination											
35	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			2						
36	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display			1						
37		Personal cleanliness			1						
38		Wiping cloths: properly used and stored			1						
39		Washing fruits and vegetables			1						
Proper Use of Utensils											
40		In-use utensils: properly stored			1						
41		Utensils, equipment and linens: properly stored, dried, handled			1						
42		Single-use/single-service articles: properly stored, used			1						
43		Gloves used properly			1						
Utensils, Equipment and Vending											
44		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1						
45		Warewashing facilities: installed, maintained, used; test strips			1						
46		Nonfood-contact surfaces clean			1						
Physical Facilities											
47		Hot & cold water available, adequate pressure			2						
48		Plumbing installed; proper backflow devices			2						
49		Sewage and wastewater properly disposed			2						
50		Toilet facilities: properly constructed, supplied, & cleaned			2						
51		Garbage/refuse properly disposed; facilities maintained			2						
52		Physical facilities installed, maintained, and clean			1						
53		Adequate ventilation and lighting; designated areas use			1						
Documents and Placards											
54		Sanitary Permit, Health Certificates valid and posted			NA						

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) Betty Delacruz

Date: 6/28/2019

DEH Inspector (Print and Sign) D. MITCHELL EPH011 / J. GARCIA EPH01

Follow-up (Mark one): ☒ YES ☐ NO

Follow-up Date 7/28/2019

Page 2 of 2

ESTABLISHMENT NAME Basil Food Service		LOCATION (Address) Lot 1454-1-2-New 239-7-1 West O'Brien Drive, Hagatna
INSPECTION DATE 6 / 28 / 2019	SANITARY PERMIT NO. 190000896	PERMIT HOLDER Basil Food Industrial Services Corp

TEMPERATURE OBSERVATIONS

[illegible]

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
----------	-------------------------------------	-----------------

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A regular inspection was conducted on this day. Previous inspection dated 3/28/2019 (3/A).	
	All previous violations have been corrected (items #35, and 44).	
	The following violations were observed:	
#35	Observed one dead cockroach in the dry storage area.	7/28/19
	The establishment shall be free of any pests. This is to prevent contamination of food and equipment.	
#36	Ready to eat lettuce stored in the chiller without being covered.	
	All food products shall be properly covered during storage to prevent cross contamination.	7/28/19
	Note: Raw animal food was not stored in the chiller at time of inspection.	
	Photos were taken.	
	Removed "A" placard no. 02253.	
	Issued "A" placard no. 02246 posted on the front door.	
	Discussed inspection report with PIC.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)

Date: 6/28/2019

DEH Inspector (Print and Sign)

Date: 6/28/2019

Rev: 11-28-18

White: DPHS8/DEH Yellow: Food Establishment